MAXIMUS Federal Services

Case Number:	CM15-0074173		
Date Assigned:	04/24/2015	Date of Injury:	06/12/2011
Decision Date:	05/21/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 36-year-old male sustained an industrial injury to the right hand, neck, right shoulder and head on 6/12/11. Previous treatment included amputation of the digits of the right upper extremity, physical therapy, desensitization, mirror therapy, occupational therapy, psychiatric care, psychotherapy, cognitive rehabilitation, acupuncture, aquatic therapy, bracing, chiropractic therapy and medications. In SOAP noted dated 2/6/15, the injured worker complained of right upper extremity and whole body pain, rated 10/10 on the visual analog scale without medications and 8-9/10 with medications. Current diagnoses included unspecified disorder of the autonomic nervous system, posttraumatic stress disorder, traumatic amputation of digit of hand, complex regional pain syndrome and severe depression. The treatment plan included continuation of desensitization, supportive brace and medications (Nucynta and Lyrica). He has been trialed on other opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nucynta 75mg #60 x 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, CRPS Page(s): 78-80/38-41. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain - Tapentadol.

Decision rationale: MTUS Guidelines supports the use of short acting and long acting opioids for severe levels of chronic pain. This individual has a significant CRPS syndrome, which qualifies as a severe chronic pain problem. It is documented the there have been prior trials of at least 2 opioids which did not work as well as Nucynta. This drug is approved as a second tier drug for neuropathic pain and has some unique properties that may be beneficial for centralized neuropathic pain. The patients function is quantified and reported to be significantly better with his medication regimen. Under these circumstances both the short and long acting Nucynta are consistent with Guidelines. The Nucynta 75mg. #60 with 1 refill is medically necessary.

Nucynta ER 150mg #60 x 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, CRPS Page(s): 78-80/38-41. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Tapentadol.

Decision rationale: MTUS Guidelines supports the use of short acting and long acting opioids for severe levels of chronic pain. This individual has a significant CRPS syndrome, which qualifies as a severe chronic pain problem. It is documented the there have been prior trials of at least 2 opioids which did not work as well as Nucynta. This drug is approved as a second tier drug for neuropathic pain and has some unique properties that may be beneficial for centralized neuropathic pain. The patients function is quantified and reported to be significantly better with his medication regimen. Under these circumstances both the short and long acting Nucynta are consistent with Guidelines. The Nucynta ER 150mg. #60 with 1 refill is medically necessary.

Lyrica 75mg #90 x 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy medications, CRPS Page(s): 19/38-41.

Decision rationale: MTUS Guidelines support the use of this class of drugs for neuropathic pain syndromes. The Guidelines consider a 30% level of pain relief to be adequate to justify risks and possible side effects. This individual would be a reasonable exception to Guidelines. With the severity of the CRPS syndrome and the extreme difficulty with any treatment success with this syndrome the current reported improvement with medications including Lyrica appear meaningful in these circumstances. Functionine is clearly reported and measured to be

improved. Under these circumstances, the Lyrica 75mg #90 with 2 refills is medically necessary.